
Information on alternative medicine: a collection management issue

By Ann Curry, Ph.D.
Assistant Professor

School of Library, Archival, and Information Studies
The University of British Columbia
831-1956 Main Mall
Vancouver, British Columbia V6T 1Z1
Canada

S. Tracie Smith, M.L.I.S.
Librarian

St. Mary's School
816 Black Oak Drive
Medford, Oregon 97504

Collection management of library materials about alternative medicine may be a growing problem for librarians because differing views exist regarding the acceptability of this information in a public forum. The purpose of the study reported was to investigate possible differences in the views of physicians, medical students, and librarians regarding the availability of information about alternative medicine for both medical students and the general public. Interviews were conducted with two representatives from each group, all of whom are affiliated with the Faculty of Medicine at The University of British Columbia or its library. The study was exploratory in nature, conducted in part to determine whether a larger research project in this area should be mounted. The data revealed considerable differences in opinion about alternative medicine: the librarians were more hesitant about the acceptability of radical or revolutionary materials, particularly those containing information that could result in direct harm to a patient. The physicians and medical students were more confident than the librarians that traditional medical treatment (and therefore information about it) should always be paramount.

INTRODUCTION

Alternative medicine is quickly achieving mainstream status in some health care sectors, but remains extremely controversial in others. This type of medicine is difficult to characterize, but the term is generally applied to various methods of treatment that are not "mainstream" and are offered by both physicians and non-physicians. These treatments are often described in the conventional medical literature as "unorthodox," "holistic," "unconventional," or "complementary," and include, but are not limited to, acupuncture, chiropractic therapy, homeopathy, hypnosis, herbal remedies, and nutritional therapy.

Articles on alternative medicine now appear regularly in medical journals, the popular press, and even li-

brary literature. In medical journals, some authors warn against the possible risks of various types of alternative medicine and label them as mere quackery, while others present alternative medicine as a practice that is complementary to traditional medical techniques. Articles in popular magazines and newspapers often laud the benefits of alternative forms of therapy, particularly as they apply to life-threatening diseases such as cancer or AIDS. In the current library literature, many articles focus on the dearth of alternative medicine information and recommend that libraries increase their holdings by purchasing particular titles. One such article in *Library Journal* [1] provoked a physician to write a letter of protest to the editor. In his letter, he argued that libraries that provide information about unproven therapies could promote these practices and possibly cause harm.

He maintained that a library's responsibility is to "provide valid information, especially in matters of personal and public health," and that books containing "invalid content" are not appropriate. His complaint provided the major impetus for this study [2].

PURPOSE

The purpose of this study was to investigate the personal and professional opinions of librarians, medical students, and doctors regarding the availability of information about alternative medicine for both medical students and the general public. It is hoped that the results will provide the base for further research in this area and perhaps provide librarians with some preliminary guidance regarding collection management in this difficult and rapidly changing subject area.

The research was conducted as an exploratory special project within The University of British Columbia (UBC) School of Library, Archival, and Information Studies to determine whether a more extensive national study is warranted. The investigation concentrated on collection management of alternative medicine materials in academic libraries used by medical students, but supporting questions ranged more widely. They explored the place of alternative medicine within the academic curriculum and within conversations between doctor and patient during a regular office visit.

INFORMATION ON ALTERNATIVE MEDICINE

Information on alternative medicine directed at physicians and the general public is abundant, but a thorough literature search of *Library Literature*, LISA, ERIC, and *Index Medicus* revealed no articles that examine the library-specific collection management problems raised by the concerned physician who wrote to *Library Journal*. A search of the Internet uncovered many sites devoted to alternative or complementary therapies, such as Jarrett's Journal and MedWeb, but none that mentioned libraries. A search of the *Bulletin of the Medical Library Association* for the last five years revealed only two items related to alternative medicine, neither of which examined the possible difficulties of collecting materials in this area [3, 4].

Articles for physicians focus on four principal areas: why people are choosing alternative forms of medicine; the costs of alternative therapies; why patients are so reluctant to tell their doctors that they are pursuing non-traditional types of therapy; the need for doctors to start asking their patients whether they are using some other form of therapy. For example, the highly respected *New England Journal of Medicine* has addressed these topics in research articles about patients' increasing use of alternative medicine for everything from cancer to the common cold [5, 6]. In one of these articles, Dr. Eisenberg discusses the results of his national U.S.

survey to determine the "prevalence, costs and patterns of use of such unconventional treatments as acupuncture and chiropractic" [7]. He revealed that one person in three had used at least one unconventional therapy in the past year, mostly for chronic, rather than life-threatening, illness. These people generally used unconventional therapies in conjunction with traditional medical treatment, but 70% did not tell their medical doctor that they were utilizing additional treatments. Eisenberg concluded that Americans are using alternative forms of medicine at a rate much higher than previously reported.

Eisenberg's article sparked debate about the apparent rise in popularity of treatments that many physicians consider fraudulent. "Has the American public forsaken medicine for herbs and crystal healing?" queried Dr. Campion [8]. He answered his own question with a qualified "yes," which was based on speculation that consumers want more time and attention devoted to them—benefits that they appear to receive from practitioners of alternative therapies such as herbalism and reflexology. Other medical writers express similar views, adding that alternative medicine often renews hope in patients with terminal illnesses who are confused and frustrated by the impersonal high-tech approach of 1990s medical treatment [9].

Recent developments in Vancouver (Canada's third-largest city) indicate that more information concerning alternative medicine will soon be needed. An alternative medicine facility is currently being added to the city's largest hospital, and the project's director has received positive comments from local doctors about the necessity and desirability of this center which will complement traditional medical practices. In a larger context, physicians in both Nova Scotia and British Columbia have established sections for complementary medicine within their provincial associations, a move being considered by physicians in other provinces [10].

METHODOLOGY

Given the broad focus of the study, a flexible, qualitative survey instrument was needed to explore various aspects of this topic. Patton recommends using in-depth interviews with a small population to conduct initial research in an area, and this advice was followed [11]. Face-to-face interviews approximately thirty minutes in duration were conducted in early 1996 with two medical librarians, two doctors, and two third-year medical students, all of whom were associated with the UBC Faculty of Medicine or its library.

The interview schedule consisted of seven questions about alternative medicine. Each respondent was asked the same questions (see the appendix), but because the literature emphasized the difficulties of defining "alternative medicine," respondents were given a standard definition to set the context for their answers. A pri-

mary objective was to elicit as much information as possible about elements influencing decisions in this area, so the interviewer encouraged respondents to discuss and explain their answers. The interviews were tape recorded and transcribed verbatim. The data were then analyzed with techniques recommended by Mellon for discerning patterns in qualitative research [12].

RESULTS

It must be emphasized that this study was exploratory in nature, designed to determine whether further research on a provincial or state or a national level would be warranted. The small sample size and the qualitative research design make the answers unsuitable for generalization to the larger population. However, opinions expressed indicate differences and similarities between groups and point to areas that should be explored in a larger study. For example, the two librarians had very similar views on alternative medicine, as did the two physicians. The views of the two groups, however, often differed substantially.

Quotations are identified as being made by a physician (Phy), librarian (Lib) or medical student (Stu).

General opinions on alternative medicine

When asked their general opinion about alternative medicine (based on a definition given), respondents gave widely varying answers. Views ranged from neutral agreement that alternative medicine exists to a concern that it is not scientifically valid and therefore suspect. The key concept that divided the neutral opinions from those more negative was a belief that conventional medicine could be limited in its scope because it lacks "all the answers," and that physicians must have an open mind about alternative medicine. Those less accepting of alternative medicine voiced no such doubts about conventional medicine.

Although most of the respondents acknowledged that alternative medicine could play the role of complementing traditional medicine, four of six noted at some point in the interview that alternative medicine "suffers from a lack of scientific validity" (Phy). This was a key point of concern for the physicians in particular. Three respondents suggested that the relationship between traditional and alternative medical practitioners was being affected by health care financing. They believed that recent extensive cuts in government health care spending were causing physicians to become more protective of their "turf," so that their acceptance of alternative medicine practitioners was tempered by competition for scarce health care resources.

In a recent article, Dr. LaValley, chair of the Complementary Medicine Section of the Medical Society of Nova Scotia, agrees that scientific testing is important. He believes that fair, accountable, scientific, and rigor-

ous research on complementary therapies will benefit both physicians and patients, and ease the increasing integration of alternative medicine therapies into existing conventional medical practices [13]. Three respondents in this study echoed LaValley's idea that alternative medicine belongs somewhere in the range of treatments with scientifically proven theory at one extreme and quackery at the other: "There's a continuum of things accepted by practicing physicians and alternative medicine types" (Phy). They were reluctant to draw a line of demarcation between the two types of treatment.

In summary, all respondents expressed the opinion that alternative medicine could be considered complementary to traditional medicine. All four physicians and medical students, however, expressed doubts about alternative medicine in general because they felt it lacked scientific testing and proof. In contrast, both librarians focused on the limitations of conventional medicine and its inadequacies in some areas.

Alternative medicine information in a medical teaching library

When respondents were asked whether resources concerning alternative medicine should be available in a medical teaching library such as the one at UBC, they all supported the inclusion of this material in the collection, perhaps the expected outcome with such a general question. The most common reason given was that physicians and medical students should have access to a great diversity of information, including conflicting opinions about medical treatment. The librarians and medical students were particularly concerned that an academic library should be a "marketplace" of medical information, and several stressed that stocking controversial books does not imply endorsement of the ideas within them.

The physicians also voiced support for a comprehensive collection, but they added another concern: library users (not the collection development librarian) must assume primary responsibility for assessing the medical efficacy of information. They believed strongly that the final assessment and judgment about material lies with the clientele, not the librarian: "I think the library should be *required* to have such stuff as there is, and if this stuff is crap, if it's [expletive], then it gets looked at and labelled as [expletive]. It's not the library's job to label it [expletive]" (Phy). This view is supported in collection development literature. William Katz and G. Edward Evans both take a strong stance in favor of client input regarding the collection; they support the primacy of client demand over the librarian's negative decision about selecting a particular item [14, 15].

Dr. Sampson, in his letter to *Library Journal*, was against libraries supplying medical information that lacks a solid scientific base. In contrast, respondents in

this study appeared to prefer that such information be in the library so they could "shoot at it" if it lacked scientific validity.

Limits or conditions placed on alternative medicine information

Although librarians and users often agree in principle that a library should acquire material on a particular subject, they may not support providing information on all aspects of the subject or making the material freely available. To investigate this phenomenon, respondents were asked whether there should be any limits or conditions placed on the acquisition or placement of alternative medicine materials.

The physicians and medical students interviewed rejected any restrictions on the library acquiring or circulating these materials: they preferred that alternative medicine materials be freely available in the library where they could choose whether to read them. Budget and space restrictions were noted in passing as possibly imposing limits to collections, but the only real caveat voiced by physicians and students concerned commercial advertising material. Three respondents suggested that the library should limit its acquisition of glossy promotional materials such as those produced by drug companies. They were uncomfortable with the "motivations" of all such companies, not just those promoting alternative therapies.

Overall, the physicians and medical students appeared to view information about even the most radical alternative therapies as merely part of their rapidly changing knowledge base. As one physician noted, a medical library has never been a repository of perpetual truth and the current shelf life for medical materials is approximately five years.

In contrast, both librarians expressed more extensive reservations about some types of alternative medicine. They admitted struggling with professional "biases" and maintained that if a title was too extreme, they probably would not purchase it: "Some things are a bit 'out there' and I probably would be a little uncomfortable acquiring them, e.g., channelling" (Lib).

The librarians attributed part of their reluctance to purchase "off the wall" materials to a perceived lack of customer need (to which physicians and students, at least in this study, might object). This basis for judgement is certainly justifiable as a collection management principle: "What the librarian owes to the library user is the guarantee that the source was made available because, in the librarian's professional judgement, it serves some useful purpose" [16]. More disturbing, however, was the suggestion that the librarians' reluctance might be influenced by personal opinions about the effectiveness of certain therapies. This basis for not selecting material would be rejected by Broadus, who states that librarians should suppress their personal opinions

about the veracity of subject matter and deliberately purchase materials of questionable authority just because they are highly controversial and because they present ideas not easily available elsewhere [17]. Kupperberg addresses this selection problem specifically: "librarians should not be swayed by whether the treatments have been proven effective, but should collect works on both alternative and orthodox medicine so that consumers are given sufficient information to make a choice" [18].

The amount of actual direct harm that an alternative medical treatment could cause also appeared to be a factor in the librarians' purchase decisions. Information about a therapy which could not cause injury was very acceptable, despite its perceived inability to "cure": "I do tend to think that most of these alternative medicine things are relatively harmless so that's okay then, they're not going to do any harm" (Lib). If a therapy could cause harm, however, the librarians were much more cautious about acquiring information about it. According to one librarian, laetrile treatment for cancer could cause more harm than good, and books on this subject should not be purchased.

Alternative medicine in the curriculum

When respondents were asked about alternative medicine being included as part of the curriculum for medical students, all agreed that it should be present.

The comments from physicians and students indicate that the primary goal of the alternative medicine curriculum units at UBC is to expose students to the variety of alternative therapies now practiced, but not to give instruction in the application of those therapies. This is not unexpected, considering the traditional mandate of the medical school. The instruction occurs primarily in the first and second years of the medical program. Students must choose a type of alternative medicine, research its history and application, interview someone who uses alternative medicine, and then present their findings to fellow students. According to one of the physicians, "there are some efforts made to develop an approach to it [alternative medicine]—we don't teach it but we present it to students in a, hopefully, objective way" (Phy). Despite these teaching efforts, both students and physicians voiced concerns about the instruction. One student wanted alternative medicine to be incorporated much more formally into the curriculum, while a physician actually involved in the curriculum was more critical. His view was that current classes about the subject were merely a token gesture in which the approach was "nihilistic."

Both physicians and students raised the idea that one's medical specialty determines the degree of knowledge one acquires about alternative medicine; that family doctors should know more than cardiologists or surgeons:

The role of the family doctor is the first line treatment. It's more holistic. Different specialties attract different personality types, and surgeons have a reputation for being direct, goal-oriented, like-to-see-results people. They're probably less likely to sit there counselling their patients about alternative health care (Phy).

All four physicians and students emphasized the primacy of traditional medicine in the curriculum, saying that it must be "the first line of attack" (Phy) and that it has "the most to offer" (Stu). The physicians stressed that an important distinction existed between teaching about alternative medicine and recommending its use to medical students. They cautioned against teaching or advocating that students use this type of medicine as practitioners.

Overall, it appeared that respondents perceived a need to include alternative medicine in the curriculum, but that students were most critical of actual curriculum coverage at UBC. They are cognizant of the growing use of alternative therapies and hopeful that they have acquired enough knowledge to inform their patients about them: "If the patients use alternative medicine, you as a doctor must be understanding, but make sure to point out all the details and options available and let the patient choose" (Stu).

Providing information on alternative medicine to patients

Professors may teach about alternative medicine in medical classes, and librarians may purchase materials to support that instruction, but will the knowledge acquired by students ever be applied in practice? In order to explore this area, respondents were asked whether doctors should provide information on alternative medicine to patients. All respondents agreed that information should be provided, but all had strong reservations about doctors actually doing so in practice. Two major concerns emerged: that doctors must be very knowledgeable about alternative therapies before giving information, and that doctors should exhaust all traditional medical possibilities before offering such information. Respondents were concerned that doctors should know their own limitations regarding alternative medical practice so they could more capably decide whether alternative therapies might be appropriate. They considered alternative medicine an area particularly susceptible to deceptive practices and media misrepresentation which could fuel repeated anecdotal reports mistakenly believed to be true. More than students or librarians, physicians stressed their responsibility to inform patients of the risks of alternative therapy. One doctor recommended that the following words be said: "I will not actively discourage you [the patient] from pursuing a course of action that you feel

is reasonable, but be aware of the risks and the costs" (Phy).

The medical students emphasized that physicians must not "banish" patients who choose alternative therapies: They should always feel that return to the traditional treatment offered by the physician was possible.

Overall, the responses from both physicians and students suggested that information about alternative medicine would be used mainly to discuss alternative therapy possibilities raised by the patient and gently to discourage them from trying such therapies. One physician summarized the different views in this area by stating that "there's a difference between encouraging and supporting and tolerating." For the four physicians and students, their approach to alternative medicine appeared to lie between "tolerating" and "supporting."

CONCLUSION

This exploratory study reveals a number of elements that appear to influence opinions about alternative medicine, and indicates that the opinions of medical librarians, medical students, and physicians differ regarding the desired scope of the collection and its susceptibility to censorship challenges. Students and physicians were supportive of an all-inclusive selection policy, while librarians were more hesitant. This uncertainty may be due to the lack of guidance on this subject in the collection policy, a point noted by both librarians. One librarian expressed concern that the faculty members using the library would think that alternative medicine materials were "garbage" and object to their availability on the shelf. This opinion was not voiced by the physicians interviewed, but is a concern worthy of further investigation.

The area is one of rapid change: all respondents noted the increasing appearance of information about alternative medicine in the media, of retail outlets supplying alternative medicines, and of alternative practitioners "hanging out their shingles." The medical students wanted sufficient training in alternative medicine, supported by library materials, to remain current and competitive in this changing environment.

The data indicate that further research is needed on the variety of alternative medicine information needs that librarians must fill and suggest that they should be more adventurous when considering materials at the edges of the medical literature spectrum. The physicians and students interviewed want information about even the most radical of therapies so that they can more knowledgeably advise their patients. A wide range of materials should provide this information, including those that promote therapies and those that assess them by using scientific tests. Both physicians and students noted that the era of the autocratic doctor is past, and that patients are now required to make informed

choices regarding treatment. According to Murray and Rubel, "data that permit informed decisions are not available to most patients, who need to know about the kinds of medicine, both conventional and alternative, that are relevant to their particular health problems" [19]. The physicians and students interviewed acknowledge their responsibility to provide these data and expect librarians to help them do so.

Because of the small sample size, the results of this research must be considered exploratory. The data gathered, however, suggest that further exploration of this area in a larger study is warranted, and an expanded research project is planned. It will include further investigation of the emphasis a medical teaching library should place on subjects that are considered "complementary" to the mainstream curriculum, the different perceptions of harmless versus harmful alternative therapies, and the boundaries of acceptability beyond which librarians consider material too extreme or irrelevant for purchase. In this rapidly changing area of medical librarianship, meeting customer needs is difficult. Librarians must keep closely attuned to trends in society, the medical profession, and the university curriculum if they are to succeed.

It's arrogant of medicine to think that everything that's brought to us works. We don't have all the answers. . . . I would support the philosophy of "the more information the better," so I think the library is on the right track if they're thinking of opening up a shelf called alternative medicine" (Phy).

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APPENDIX A

Survey instrument

Definition:

Alternative medicine is a term applied to various methods of treatment that are not currently described as mainstream and are offered by both physicians and non-physicians. These treatments include a broad range of health care practices, referred to in the conventional medical literature as "unorthodox," "holistic," "unconventional," or "complementary." Such treatments include but are not limited to acupuncture, chiropractic therapy, homeopathy, hypnosis, herbal remedies, and nutritional therapy.

Based on this definition of alternative medicine, I would like to ask you some questions:

1. What is your opinion regarding alternative medicine?
2. What do you think about resources concerning alternative medicine being available in a medical/teaching library?
3. Do you think there should be any limits or conditions placed on the type of material acquired? For example, what about materials which promote particular methods of alternative healing?
4. What is your opinion on alternative medicine being included as part of the curriculum for medical students?
5. Should doctors provide information on alternative medicine to their patients? If yes, then where would doctors get this information? If no, then why not?
6. Do you have any concerns or comments about this area in general?

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